



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INDIVIDUAL IN CUSTODY GRIEVANCE FORM

(Formulario de Queja del Individuo bajo Custodia)

1 OF 2

CONTROL #

Individual In Custody SHORT #

2022X18190

811822

! THIS SECTION IS TO BE COMPLETED BY IIC SERVICES STAFF

(! Para ser llenado solo por el personal de IIC Services !)

- Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

010

- Cermak Health Services  
 Superintendent:  
 Other: D.O.C.-8

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

Westmoreland

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

Eugene

BOOKING NUMBER (#de identificación)

20191030026

DIVISION (División):

08-RTU

LIVING UNIT (Unidad):

3F

DATE (Fecha):

12/12/22

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grieved issue is not one of the following non-grievable matters: Classification, including designation of an individual as a security risk or protective custody individual, or decisions of the disciplinary hearing officer.

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The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## Directrices de quejas y resumen de quejas

**El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.**

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los individuos.

El asunto de la queja debe haber ocurrido dentro de los 15 días calendarios a menos que la acusación sea de asalto sexual, acoso sexual, abuso sexual o voyeurismo. Si la queja incluye acusaciones de asalto sexual, acoso sexual, abuso sexual o voyeurismo no existe tiempo de límite. Si usted cree que existe una excepción, consulte con un Trabajador de Rehabilitación Correcional (TRC/CRW).

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El asunto de la queja no puede contener lenguaje ofensivo o amenazante

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REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
12/12/22	I believe between 8:15am - 8:45am	Pt+4- Cermack Transport	Tom Dart / cook county Correctional Staff / supt./ Lt.

This grievance is concerning the steep in the non-compliant ramps I used yesterday to roll up and down in my wheelchair to reach cermack. Moving up and down these steep ramps has caused my hands to burn, upper body pain in my already damaged upper body and it also deprive me of the ability to move to and from cermack equal to that of a non disable detainee.

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o individuo que tengan información:)

SIGNATURE of Individual in Custody: (Individuo bajo custodia):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE I.I.C. GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW NAME (Print):

D. Wilson

SIGNATURE:

DATE CRW RECEIVED:

12.13.22

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

(FCN-58)(MAR 22)

(WHITE COPY – IIC SERVICES DEPT.)

(YELLOW COPY – CRW)

(PINK COPY – INDIVIDUAL IN CUSTODY)



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INDIVIDUAL IN CUSTODY GRIEVANCE FORM

(Formulario de Queja del Individuo bajo Custodia)

2 OF 2

CONTROL #

Individual In Custody SHORT #

2022X18190

81822

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- Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

- Cermak Health Services  
 Superintendent:  
 Other: D-O-C-8

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo): Westmoreland

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo): Eugene

BOOKING NUMBER (#de identificación)

201910300260

DIVISION (División):

08-R TU

LIVING UNIT (Unidad):

3F

DATE (Fecha):

12/12/22

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12/12/22	Between 8:45 am - 10:15	Cermack	Moratorium officer / cook county correctional staff / supt. / lt

I'm confined to a wheel chair and I had an outside doctor's appointment at 10:30-11 a.m. The movement officers took me from my tier (3F) at around 8:00 am. He had me sit in a holding cell in the RTU building for about a half an hour. I was then transported to cermack where I sat in another holding cell for an additional hour and a half. While in cermack I had to use the bathroom, after asking, they told me I couldn't because the toilet and sink were not accessible for wheelchair use which I require. Because of this, I was unable to use the toilet on the same basis as a non-disabled detainee. An incident also happened to me while I was sitting in the cermack holding cell as well. I never used the bathroom until I returned from my appointment. I was in a significant amount of pain in my kidney area because of this.

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o individuo que tengan información:)

SIGNATURE OF INDIVIDUAL IN CUSTODY (Individuo bajo custodia):

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CRW NAME (Print):  D. Wilson	SIGNATURE:  D. Wilson	DATE CRW RECEIVED:  12-13-22
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:

(FCN-58)(MAR 22)

(WHITE COPY – IIC SERVICES DEPT.)

(YELLOW COPY – CRW)

(PINK COPY – INDIVIDUAL IN CUSTODY)



## COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

## INDIVIDUAL IN CUSTODY GRIEVANCE RESPONSE/APPEAL FORM

(Individuo bajo custodia - formulario de respuesta/apelación de queja)

CONTROL NUMBER

Individual In Custody SHORT #:

2022X18190 811822

PRINT: CRW LAST NAME

Wilson

## INFORMATION TO BE COMPLETED BY IIC SERVICES PERSONNEL ONLY

Individual In Custody LAST NAME: Westmoreland	Individual In Custody FIRST NAME: Eugene	BOOKING ID #: 20191030026
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GRIEVANCE ISSUE AS DETERMINED BY CRW:  
010 Ada Issues

IMMEDIATE CRW RESPONSE (If applicable):

CRW/REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):  
D.o.s-8DATE REFERRED:  
12/1/22

## RESPONSE BY PERSONNEL HANDLING REFERRAL

After reviewing all available evidence and speaking to staff, Detainee Westmoreland declined to allow OFC transparency (num to push his wheelchair). Westmoreland was offered the opportunity to use the accessible restroom in Cermak and declined stating "take me back to RTU".

PERSONNEL RESPONDING TO GRIEVANCE (Print):  
SABRINA Caren

SIGNATURE:

DIV./DEPT.

DATE: 12/19/22

## THIS SECTION IS TO BE COMPLETED BY INDIVIDUAL IN CUSTODY! (Esta sección debe ser completada por el individuo.)

INDIVIDUAL IN CUSTODY SIGNATURE (Firma del individuo bajo custodia):  
Eugene WestmorelandDATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):  
12/28/22

## INDIVIDUAL IN CUSTODY'S REQUEST FOR AN APPEAL (Solicitud de apelación del individuo)

TO BE COMPLETED BY INDIVIDUAL IN CUSTODY

TO BE COMPLETED BY INDIVIDUAL IN CUSTODY

- To exhaust administrative remedies, a grievance appeal must be made on this form and within 15 calendar days of the date the individual received the above noted response. An appeal must be filed in ALL circumstances in order to exhaust administrative remedies, regardless if the grieved issue(s) have been referred for further review and/or investigation. Any pending O.P.R. review or investigation, is NOT part of the grievance appeal process.  
 Para agotar los recursos administrativos, las apelaciones de quejas se deben realizar en este formulario y dentro de los 15 días calendarios a partir de la fecha en que el individuo recibió la respuesta anotada anteriormente. Se debe presentar una apelación en TODAS las circunstancias a fin de agotar los recursos administrativos, independientemente si los asuntos de la queja han sido referidos para una revisión y/o investigación. Cualquier revisión o investigación pendiente de OPR NO es parte del proceso de apelación de quejas.)

INDIVIDUAL IN CUSTODY BASIS FOR AN APPEAL: (Base de apelación del individuo)

DATE OF APPEAL REQUEST: (Fecha de la solicitud de la apelación):  
12/28/22

The staff and office is lying, I would never turn around b. i.p because I know I need it. They never offered me the opportunity to use the restroom in cermack, I never knew one assisted and I never spoke those words, I never rushed anyone to take me back

DIRECTOR'S/DESIGNEE'S ACCEPTANCE OF BASIS/REQUEST OF APPEAL?

(Aceptación del Director/Designado de la solicitud de apelación del individuo)

Yes

No

IIC SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del Director de Servicios de IIC / Designado)

Original Response to Standard

IIC SERVICES DIRECTOR/DESIGNEE (Director de Servicios de IIC / Designado):  
J. Morello

SIGNATURE (Firma):

DATE (Fecha):  
12/30/22

## THIS SECTION IS TO BE COMPLETED BY INDIVIDUAL IN CUSTODY (Esta sección debe ser completada por el individuo.)

INDIVIDUAL IN CUSTODY SIGNATURE (Firma del individuo):

Delv Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):  
JAN 04, 2023



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INDIVIDUAL IN CUSTODY GRIEVANCE FORM

(Formulario de Queja del Individuo bajo Custodia)

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 Emergency Grievance

110

 Non-Compliant Grievance

CONTROL #

Individual in Custody SHORT #

2022X18187

811822

(! Para ser llenado solo por el personal de IIC Services !)

 Cermak Health Services Superintendent: S-CERMACK Other:

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

Westmoreland

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

Eugene

BOOKING NUMBER (#de identificación)

20191030026

DIVISION (División):

08 - RTU

LIVING UNIT (Unidad):

3F

DATE (Fecha):

12/12/22

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12/12/22	Between 9:00 - 10:15 am	Cermack	Tom Dart, Supt / Lt Cook County Correctional staff

This grievance is concerning an incident that happened to me while waiting on my outside doctor's appointment inside a holding cell in cermack. First of all, I feel I shouldn't have been sitting in a holding cell for over an hour because of my condition (I'm wheel chair bound). The incident happened when a green suite detainee walked up to my cell on his way from the bathroom and spit in my face. After this incident a female sargent and some C.O's removed me from the cell to see a Cermack doctor and to clean my face before I proceeded to my outside appointment. My concern was the spit in my eyes, but the doctor told me that I probably wouldn't catch or contract anything from this guy's spit. I feel I should of have been there in the cell and they should have protected me from this guy.

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:  
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CRW NAME (Print):  D. Wilson	SIGNATURE:  D. Wilson	DATE CRW RECEIVED:  12-13-22
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):  Notification completed via Email - Dean See attached report	SIGNATURE:  D. Wilson	DATE REVIEWED:  12-13-22

(FCN-58)(MAR 22)

(WHITE COPY - IIC SERVICES DEPT.)

(YELLOW COPY - CRW)

(PINK COPY - INDIVIDUAL IN CUSTODY)



**COOK COUNTY SHERIFF'S OFFICE**  
*(Oficina del Alguacil del Condado de Cook)*  
**INDIVIDUAL IN CUSTODY GRIEVANCE FORM**  
*(Formulario de Queja del Individuo bajo Custodia)*

! THIS SECTION IS TO BE COMPLETED BY IIC SERVICES STAFF

Emergency Grievance

110

Non-Compliant Grievance

CONTROL #

Individual In Custody SHORT #

2022X18187

811822

(! Para ser llenado solo por el personal de IIC Services !)

Cermak Health Services

Superintendent: E - Cermak

Other: \_\_\_\_\_

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

Westmoreland

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

Eugene

BOOKING NUMBER (# de Identificación):

20191030026

DIVISION (División):

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3F

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NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:  
*(Nombre del personal o individuo que tienen información:)* I am an officer on duty in cermack

SIGNATURE OF INDIVIDUAL IN CUSTODY: *(Individuo bajo custodia):*

Eugene Wilson

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CRW NAME (Print): <u>D. Wilson</u>	SIGNATURE: <u>D. Wilson</u>	DATE CRW RECEIVED: <u>12-13-22</u>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): <u>Notification completed via Email - Dear [Redacted] See attached report</u>	SIGNATURE: <u>[Signature]</u>	DATE REVIEWED: <u>[Signature]</u>

(FCN-58)(MAR 22) (WHITE COPY – IIC SERVICES DEPT.) (YELLOW COPY – CRW) (PINK COPY – INDIVIDUAL IN CUSTODY)

12/13/22, 9:57 AM

DOC-DIV: Emergency Grievance Notification 92022x18187) - Darius Wilson (Sheriff) - Outlook

Delete

Archive

Report

Reply

Reply all

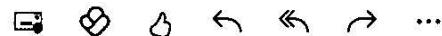
Forward

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## DOC-DIV: Emergency Grievance Notification 92022x18187)

! This message was sent with High importance.

DW Darius Wilson (Sheriff)



To: Wilesha Johnson (Sheriff); Cermak Supervisors

Tue 12/13/2022 9:56 AM

Cc: Lynea Fenderson (Sheriff); Natasha Jones (Sheriff); Telawn Patterson-Dear

2022x18187.pdf  
214 KB

Emergency Grievance Action ...  
255 KB

2 attachments (470 KB)  Save all to OneDrive - Cook County Sheriff's Office

- Please immediately acknowledge a receipt of this communication by returning a 'REPLY ALL'.
- See attached PDF image.
- The CRW will deliver the original "hardcopy" to the office of the Divisional Superintendent by close of business , today.
- A divisional Emergency Grievance Action Form (EGAF) is required within 5 calendar days of receipt, of this message.

**Darius Wilson, CRW II**  
**Cook County Sheriff's Office**  
D.O.C - IIC Services.  
Division 8-RTU  
Office Phone (773) 674-3672  
Fax: (773) 674-4570  
darius.wilson@ccssheriff.org  
Supervisor N. Jones  
EXT: 4-2853

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## COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

## INDIVIDUAL IN CUSTODY GRIEVANCE RESPONSE/APPEAL FORM

(Individuo bajo custodia - formulario de respuesta/apelación de queja)

## CONTROL NUMBER

Individual In Custody SHORT

2022X18187 811822  
 PRINT: CRW LAST NAME Wilson

## INFORMATION TO BE COMPLETED BY IIC SERVICES PERSONNEL ONLY

Individual In Custody LAST NAME:

Westmoreland

Individual In Custody FIRST NAME:

Eugene

BOOKING ID #:

20191030026

GRIEVANCE ISSUE AS DETERMINED BY CRW:

110 IN-mate or Inmate

IMMEDIATE CRW RESPONSE (If applicable):

Command Staff alerted

CRW/REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

Cermak DWD

DATE REFERRED: 12/13/22

## RESPONSE BY PERSONNEL HANDLING REFERRAL

CERMACK STATIONARY CAMERA SHOWS NO CONTACT (VERBAL OR PHYSICAL) BETWEEN EITHER IIC. OTHER IIC WAS ASLEEP UNTIL REMOVED FROM BUNKER BY OFFICER.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Subenell 774

774

DIN8/Cerm

10 Jan 2023

THIS SECTION IS TO BE COMPLETED BY INDIVIDUAL IN CUSTODY! (Esta sección debe ser completada por el individuo.)

INDIVIDUAL IN CUSTODY SIGNATURE (Firma del individuo bajo custodia):

Eugene M. Wilson

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

01/20/23

## INDIVIDUAL IN CUSTODY'S REQUEST FOR AN APPEAL (Solicitud de apelación del individuo)

- TO BE COMPLETED BY INDIVIDUAL IN CUSTODY**
- To exhaust administrative remedies, a grievance appeal must be made on this form and within 15 calendar days of the date the individual received the above notated response. An appeal must be filed in ALL circumstances in order to exhaust administrative remedies, regardless if the grieved issue(s) have been referred for further review and/or investigation. Any pending O.P.R. review or investigation, is NOT part of the grievance appeal process.  
 Para agotar los recursos administrativos, las apelaciones de quejas se deben realizar en este formulario y dentro de los 15 días calendarios a partir de la fecha en que el individuo recibió la respuesta anotada anteriormente. Se debe presentar una apelación en TODAS las circunstancias a fin de agotar los recursos administrativos, independientemente si los asuntos de la queja han sido referidos para una revisión y/o investigación. Cualquier revisión o investigación pendiente de OPR NO es parte del proceso de apelación de quejas.)
- INDIVIDUAL IN CUSTODY BASIS FOR AN APPEAL: (Base de apelación del individuo.)  
 DATE OF APPEAL REQUEST: (Fecha de la solicitud de la apelación.) 01/20/23
- This is unacceptable, I believe you are referring to a different person. There was no verbal or physical contact because the person walked past my holding cell and spat in my face. A female sergeant and two CO's witnessed it, they were escorting him. I also was interviewed by the sergeant video taped after the incident. (Please find the correct video)

DIRECTOR'S/DESIGNEE'S ACCEPTANCE OF BASIS/REQUEST OF APPEAL? And speak to the subject on duty.  
 (Aceptación del Director/Designado de la solicitud de apelación del individuo.)

Yes

No

IIC SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del Director de Servicios de IIC / Designado.)

Original Response to Stand

IIC SERVICES DIRECTOR/DESIGNEE (Director de Servicios de IIC / Designado):

SIGNATURE (Firma):

DATE (Fecha):

J. M. Wilson

J

2/13/23

Appeal response and/or decision returned to IIC via Inter-departmental mail, U.S. Mail or CRW delivery.  
 (Su respuesta de apelación y/o decisión será entregado al IIC por Correo interno del departamento, Correo de EE UU. o del Trabajador Social (CRW).)

DATE APPEAL RESPONSE/DECISION WAS FORWARDED:  
 (Fecha en que se envió la respuesta/decisión de apelación)

, FEB, 06 2023